

# Demographic Reporting Form

## Individual – Quarterly Totals

Positive Alternatives

Dates: 1/1/17-3/31/17 Grantee Name: Way To Grow

### 1. Client Age Range:

Under 15	15-17	18-19	20-24	25-29	30-34	35+	Unknown age
0	4	5	9	12	8	7	0

### 2. Client Pregnancy Status:

1st Trimester	2nd Trimester	3rd Trimester	Post-partum	Pregnancy Status Unknown	Other (Father or Grandparent)
8	13	11	7	0	6

### 3. Client Marital Status:

Married	Not Married	Marital Status Unknown
19	26	0

### 4. Client Race:

Race: White	Race: African American	Race: African-American	Race: American Indian	Race: Asian Pacific	Race: Other/ Multi Race	Race: Unknown
6	11	12	5	8	3	0

### 5. Client Ethnicity:

Hispanic Ethnicity: Yes	Hispanic Ethnicity: No	Ethnicity: Unknown
5	40	

### 6. Client Type:

Mother	Father	Grandparent	Other
39	5	1	0

